



**GRANT APPLICATION
SPECIAL VOLUNTEER PROGRAM
FY 2004**

Form is Authorized for Local Reproduction

CNCS Form 424-NSSC (Revised 3/03 to conform to the CNCS eGrants system)

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GENERAL SUBMISSION INSTRUCTIONS

Purpose:

The Special Volunteer Program Grant Application of the Corporation for National and Community Service is used for all new and continuation applications for Special Volunteer Program local project grants. The instructions and forms in this package have been developed to conform to the Corporation's web-based electronic grants management system, eGrants, and are for use by applicants who are not required – or are not able – to submit an electronic application. Applicants are encouraged to register to use eGrants to submit final applications. References to "Tabs" herein refer to features of the eGrants data entry screens and are provided for easy reference to the appropriate eGrants screens. Further information about eGrants is available at the Corporation's website, www.nationalservice.org.

Application Completion and Submission Requirements:

Complete and return an original signed application plus one complete copy to the applicable Corporation for National and Community Service State Office, unless otherwise instructed. Number the pages of your submission consecutively. Do not submit the instructions as part of your application.

Application Submission Requirements:

To be considered, the application must include the following:

- Part I: Face Sheet (Modified Standard Form 424) with original signature
- Part II: Budget (Form 424A) with accompanying budget narrative
- Part III: Project Narratives (All sections)
- Part IV: Work Plan (Sections A and B) as applicable
- Attachments: Required attachments as indicated
- Assurances (Standard Form 424B) with original signature
- Certifications (NSSC Form 424C) with original signature

Note: Submission of a grant application does not assure receipt of a grant award.

Disclosure Statement: OMB No. 3045-0035. The collection of this information is authorized by the provisions of the Domestic Volunteer Service Act of 1973, as amended, and the National and Community Service Trust Act of 1993. This agency informs the potential persons who may respond to the collection of information that such persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Estimated time to complete this application, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information averages 13.2 hours per response (16.5 for new applicants, 15 for previous sponsors, and 5 for revisions). If you have any comments regarding this collection of information, send them to: Corporation for National and Community Service, Senior Corps, Attn: Peter L. Boynton, 1201 New York Avenue, NW, Washington, D.C. 20525.

As required by Section 504 of the *Rehabilitation Act of 1973, as amended*, this application may be available in alternative formats. Make **TTD/TTY** inquiries to: (202) 565-2799. Direct written inquiries to: Senior Corps, 1201 New York Ave. NW, 9th Floor, Washington, DC 20525. Direct telephone inquiries to: (202) 606-5000, Ext. 554.

PART I: FACE SHEET INSTRUCTIONS (eGrants “Applicant” and “Application” Tabs)

Use Standard **Form-424, Face Sheet**. This form is required for applications submitted for federal assistance.

Item

1. Filled in for your convenience.
2. Self-explanatory.
3. 3.a. and 3.b. are for State use only (if applicable).
4. Item 4.a: Leave blank
Item 4.b: If you are a recipient in year 2 or 3 of an already-awarded grant, enter the grant number. Otherwise, leave blank.
5. Enter the following information:
 - a. The complete name of the *organization* that will be legally responsible for the grant. Not the name of the organizational unit within the legally responsible organization. (For example, indicate “National University” instead of “Liberal Arts Department.”)
 - b. The name of the primary *organizational unit* that will undertake the assistance activity, if different from 5.a.
 - c. Your organization’s complete address with the 5 digit ZIP code. The four-digit extension is optional.
 - d. The name and contact information of the project director or other person to contact on matters related to this application.
6. Enter your Employer Identification Number (EIN) as assigned by the Internal Revenue Service.
7. Item 7.a.: Enter the appropriate letter in the box.
Item 7.b.: Consult the following list of characteristics of applicants and enter (**all that apply**) the corresponding numbers, each in a separate blank.

- | | |
|---|--|
| 1. 2-year college | 15. Local Affiliate of National Organization |
| 2. 4-year college | 16. Local Education Agency |
| 3. Area Agency on Aging | 17. Local Government Municipal |
| 4. Chamber of Commerce/Business Association | 18. National Non-profit (Multistate) |
| 5. Community Action Agency/Community Action Program | 19. Other Native American Organization |
| 6. Community College | 20. Other State Government |
| 7. Community-Based Organization | 21. School (K-12) |
| 8. Faith-based organization | 22. Self-Incorporated Senior Corps Project |
| 9. Governor’s Office | 23. Service/Civic Organization |
| 10. Grant-making Entity Operating in Two or More States | 24. State Commission/Alternative Administrative Entity |
| 11. Health Department | 25. State Education Agency |
| 12. Hispanic Serving College or University | 26. Statewide Association |
| 13. Historically Black College or University (HBCU) | 27. Tribal Government Entity |
| 14. Law Enforcement Agency | 28. Tribal Organization (non-government) |
| | 29. U.S. Territory |
| | 30. Vocational/Technical College |
| | 31. Volunteer Management Organization |

8. Check the appropriate box for type of application and enter the appropriate letter(s) in the lower boxes:
 - a. Check "New" if you are applying for assistance for the *first time or are reapplying for a new grant cycle*.
 - b. Check "Continuation" if you are a grantee applying for your second or third year of funding within your 3-year project period.
 - c. Check "Revision" if you are a grantee proposing any change in your budget or requesting a no cost extension.
9. Filled in for your convenience.
10. Use the following CFDA (Catalog of Federal Domestic Assistance) number:
94.002 Special Volunteer Program
11. a. Enter the title of the project. "Continuation" applicants should use the same title as in their original or previous application.
b. Enter the name of the CNCS program initiative, if any, as provided in the instructions corresponding to the NOFA or Corporation Guidance for which you are applying; otherwise, leave blank.
12. List only the largest political entities affected (e.g., counties, and cities).
13. (See item 8)
 - "New" applications: Enter the dates for the proposed project period.
 - "Continuation" applications: Enter the dates of the approved project period.
14. Enter the performance period for which funding is being requested.
15. Enter the amount requested or to be contributed *during this budget period* on the appropriate line, as shown below. The value of in-kind contributions should be included in these amounts, as applicable. For revisions (See item 8), if the action will result in a dollar change to an existing award, include only the amount of the change. For decreases, enclose the amounts in parentheses.

a. Federal	The total amount of Federal funds being requested in the budget.
b. Applicant	The total amount of the applicant share as entered in the budget.
c. Local	The amount of the applicant share that is coming from local sources.
d. State	The amount of the applicant share that is coming from state sources.
e. Other	The amount of the applicant share that is coming from other sources.
f. Program Income	The amount of the applicant share that is coming from income generated by programmatic activities.
g. Total	The applicant's estimate of the total funding amount for the agreement
16. Indicate if this application is subject to review by the state "Executive Order 12372 Process" by checking the box. Executive Order 12372, "Intergovernmental Review of Federal Programs," was issued with the desire to foster the intergovernmental partnership and strengthen federalism by relying on state and local processes for the coordination and review of proposed federal financial assistance and direct Federal development. The Order allows each state to designate an entity to perform this function. A list of these "Single Point of Contact" entities can be found at: <http://www.whitehouse.gov/omb/grants/spoc.html>. Contact the Single Point of Contact to determine whether your application is subject to the state intergovernmental review process.
 - a. If Yes, indicate the date a copy of your application was submitted to the state for review under the Executive Order 12372 Process
 - b. If No, check the appropriate box.
17. Check the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit allowances, loans, and taxes. If Yes, attach an explanation.

18. The person who signs this form must be the applicant's authorized representative. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office.

Note: Falsification or concealment of a material fact, or submission of false, fictitious or fraudulent statements or representations to any department or agency of the United States Government may result in a fine of not more than \$10,000 or imprisonment for not more than five (5) years, or both. (18 U.S. Code Section 1001)

PART II – BUDGET INSTRUCTIONS (eGrants “Enter/Edit Budget”)

Use the **SF 424A Budget** form included. Provide a breakdown of costs by object class categories/line items for your program in Columns 1 through 5. Include a separate Budget Narrative to explain and justify each line item and cost included in the budget. All costs must be allowable, reasonable, and necessary to the operation of the project.

First Year of a Multi-Year Application - Complete the SF 424A Budget form requesting funds for the first annual budget period, following the instructions below. Multi-year project approval does not guarantee that we will approve additional funding. If we approve an application and enter into a multi-year award agreement, we will issue a Notice of Grant Award (NGA) that will provide funding only for the first year.

Continuations – You must submit a Continuation Application, via eGrants or in paper form, for each year of the award to request additional funding. Your Corporation State Office will provide instructions for continuation applications.

General Instructions for SF 424A Budget form Columns 4 and 5: In Column 4, enter the amount of Corporation funding requested for each line item and the total. In Column 5, enter the amount of funds for the item that is expected to be covered by grantee funds or funds the grantee expects to receive from other sources, including cash and in-kind support. Although there is no minimum matching requirement, grantees are required to provide a non-federal contribution, cash or in-kind, and must identify the source(s) and amount(s) of the contribution. In your Narrative, fully explain all amounts listed in Columns 4 and 5 and separately identify cash and in-kind contributions included in Column 5.

Following are instructions for each line item of the budget form:

SECTION 1: VOLUNTEER SUPPORT EXPENSES

Line A. Project Personnel Expenses – List the title of each staff position charged to the project. List all positions/titles that are either funded by CNCS or the grantee share. In Column 1, for each position enter the person's full-time equivalent (FTE) annual salary. (100% FTE is normally 40 hours/week. Thus, if an employee works half time or 20 hours/wk for the project and is paid \$10,000 from project funds, the FTE annual salary would be \$20,000.) In Column 2, enter the percentage of time the person will work for the project over a 12 month year (E.G., if the employee works 10 hours per week for the project over 12 months, you would enter 25%). Complete Columns 3-5, as applicable.

Line B. Personnel Fringe Benefits – Enter in the appropriate column the cost of fringe benefits to which employees are entitled, calculated on the same percentage time indicated under line A for each individual. In your Budget Narrative, provide details concerning the benefits provided. (E.G., Retirement contributions for all staff working over 60% time, calculated at 5% of total annual salaries of \$80,000 = \$4,000).

Line C. Project Staff Travel – Enter travel costs on the appropriate local or long-distance lines on the Budget form. Include in Columns 4 and 5 travel costs only for staff listed under budget line A and who directly support the grant activities described in your application. Local travel is travel within the project service area as shown in item 12 of the Face Sheet. All travel outside the service area is long distance travel. In your Budget Narrative, explain the purpose of anticipated local travel and the basis for cost calculations. For long distance travel, in your Budget Narrative show the purpose for each trip and break out for each the cost of transportation, meals and lodging, and other travel costs.

Line D. Equipment - Enter on the Budget form the cost of equipment in columns 3, 4 and 5 as appropriate. Use your organization's definition of equipment for the cost threshold. Include in your Narrative a list of items to be purchased, the quantity of each, with their respective costs, and explain how each item will be used in the project.

Line E. Supplies - On the Budget form, enter the cost of supplies in columns 3, 4 and 5 as appropriate. List types of supplies and their respective costs in your Narrative. Itemize large items.

Line F. Contractual and Consultant Services - Enter on the Budget form the cost of contracts and consultants in columns 3, 4 and 5 as appropriate. In your Narrative itemize each contract or consultant and provide a brief justification of the need for each. Include here all services documented in a contract, such as clerical support, training consultants, equipment repair and maintenance, or bookkeeping services.

Line G. Other Volunteer Support Costs – Include all other allowable Volunteer Support Expenses not included in categories A through F, such as volunteer training, and describe in the Narrative.

Line H. Indirect Costs – Enter indirect charges applicable to volunteer support expenses. In your Narrative, describe the type of rate (provisional, predetermined, final or fixed) in effect during the budget period, estimated amount of the base to which the indirect rate was applied, and total indirect expense. Attach a copy of the current negotiated indirect cost agreement with the cognizant federal agency.

TOTAL VOLUNTEER SUPPORT EXPENSES – Enter the sum of direct and indirect costs from Section 1 in columns 3, 4 and 5 as appropriate.

SECTION 2: VOLUNTEER EXPENSES

Line A. Stipends – Not Applicable – Do not complete. Corporation funds may not be used to provide monetary incentives to any volunteers.

Line B. Other Volunteer Costs – Enter on the respective lines the applicable costs and reimbursable expenses in columns 3, 4 and 5 as appropriate. Allowable volunteer costs and reimbursable expenses can include: Insurance, Volunteer Travel, Meals, Recognition, and other expenses that relate directly to the volunteers' service in this project. Use the Narrative for the corresponding line to provide explanation or show calculations, as needed.

TOTAL VOLUNTEER EXPENSES – Enter the sum of Volunteer Expenses identified in Section 2.

TOTAL PROJECT COSTS – Enter the sum of the totals for Sections 1 and 2 in each column.

FUNDING PERCENTAGES – Enter the applicable percentage shares represented by the budgeted Corporation (Col. 4) and grantee resources (Col. 5).

PART III: PROJECT NARRATIVES INSTRUCTIONS (eGrants “Narratives” Tab)

The purpose of the program narratives and the accompanying work plan (see Part IV) is for you to provide a project plan with a clear and compelling justification for awarding the requested funds. Except in the case of projects seeking one-year approvals, Part III covers the multi-year proposed project period for which you are requesting approval.

PART III – SECTION A. STRENGTHENING COMMUNITIES: MAXIMUM – 2 PAGES

Briefly describe the community you serve and how the efforts of the volunteers fit into the overall community plan and priority to meet the identified needs.

Describe the relationship between your project and the community:

- a. How you select community partners;
- b. Roles of each partner;
- c. How you will build public awareness of and support for the program within the community;
- d. How you will bring together people of diverse backgrounds;
- e. How you mobilize community resources; and
- f. How the efforts of your volunteers will enhance the capacity of organizations and institutions within the community through their service.

PART III – SECTION B. RECRUITMENT AND DEVELOPMENT OF VOLUNTEERS: MAXIMUM – 2 PAGES

Note: All applicants must recruit and involve senior volunteers age 55 and older. Volunteers ages 55 and older must comprise at least 75 per cent of the volunteers enrolled.

(1) Outreach, Recruitment, Placement, Training, Volunteer Experience – Describe how you will:

- a. Conduct outreach and recruit volunteers age 55 and older for a variety of roles to help meet the specified needs;
- b. Engage volunteers specifically to recruit other community volunteers to participate in the project;
- c. Include volunteers who are representative of the communities served;
- d. Encourage veterans to participate as volunteers;
- e. Assure a high quality experience for volunteers that offers opportunities such as building new skills, developing leadership potential, reflecting on the meaning of service to the community, and enhancing the quality of their own lives;
- f. Build a corps of volunteers, including retaining and recognizing senior volunteers; and
- g. Provide training and technical assistance to project staff, volunteers, volunteer placement supervisors, and community participation groups.

(2) Volunteer Roles and Ongoing Involvement

The expectation is that volunteers will have opportunities to remain engaged in ongoing activities and duties that address the identified needs.

For example, volunteers recruited for homeland security can, after training, assume new duties that help to strengthen their own homeland security skills and knowledge, and that keep them involved in the community. It is not sufficient to recruit and train volunteers who are then inactive or separate from the project until a time when some event would call on them to be mobilized.

Analysis of groups demonstrates that when volunteers are provided structure, ongoing interaction, and specific roles, they are better able to retain and practice skills and mobilize efficiently if and when needed to assist the community when called upon.

PART III – SECTION C. PROGRAM MANAGEMENT: MAXIMUM – 2 PAGES

In this section, include specific plans and strategies for overall management of the program you propose.

Briefly describe how you will ensure high quality program management. Address each of the following areas:

- a. Developing and managing volunteer assignments and partner relationships to achieve the anticipated results.
- b. Assessing project performance to assure all goals and objectives are met and that these result in a high quality project. This may include an annual assessment of project accomplishments.
- c. Managing information and data to demonstrate the concrete impacts of the project and its volunteers.
- d. Managing project resources, both financial and in-kind, to ensure accountability and efficient and effective use of available resources.
- e. Securing resources, such as cash and in-kind contributions, to sustain and expand the project.

PART III – SECTION D. ORGANIZATIONAL CAPACITY: MAXIMUM – 2 PAGES

Briefly describe your organization’s capacity to operate the program you propose.

- a. Describe your organization’s experience in the proposed emphasis area.
- b. Identify key staff positions responsible for program management, background, and experience of these staff members and/or plans to select and support additional staff.
- c. Describe your financial management systems and past experience managing federal grant funds.
- d. Discuss your track record in successfully managing volunteer programs, involvement with seniors, and impact-based programming;
- e. Describe your organization’s capacity to assure the project has adequate facilities, equipment, supplies, purchasing procedures, and personnel management support, including clearly defined roles for staff and administrators; and
- f. Describe your organization’s procedures or systems for self-assessment, evaluation, and continuous improvement.

PART III – SECTION E. OTHER REQUIREMENTS

See the published Notice of Funds Availability (NOFA) or Supplemental Guidance, if applicable, to address any additional requirements or questions that appear in the published Notice of Funding Availability (NOFA). Refer to the NOFA for specifics.

PART IV – WORK PLAN/PERFORMANCE MEASURES (eGrants “Work Plan/Performance Measures” Tab)

All Special Volunteer Program applicants or grantees, new and continuation applications, must propose 3 to 5 performance measures at the Accomplishment (Output) and Impact (Intermediate Outcome and End Outcome) level, selected from no more than two work plans. These grantee-selected and nominated performance measures will be referenced in the Notice of Grant Award. Each grantee will be held accountable for achieving their performance measures within the planned period of accomplishment.

Instructions:

1. Use the Work Plan template to identify and describe how the project will develop assignments for volunteers to provide services to meet homeland security needs, with an emphasis on roles for senior volunteers.
2. Prepare a separate Work Plan for each service category.

3. Completing the Work plan:

- (a) Develop a **needs statement** to be served by the volunteers.

Fill in Part 1 of the Work plan Template with the needs statement. Use the Service Category list and include all service categories that relate to the community need. Also, fill in the total number of volunteers contributing to meeting this need and the total number of volunteer placements sites.

- (b) Complete Part 2, Column A of the Work plan by developing a **task plan with action steps** to address the following elements for each community need identified:

1. **Service Activity** – Provide specific descriptions of the activities the volunteers will undertake to help meet the need identified in item (a) above..
2. **Anticipated Inputs** – Describe the resources that will be available to help meet the identified need by creating or sustaining the service effort, such as the number of volunteers, volunteer hours, financial and staff resources, or special training;
3. **Anticipated Accomplishments (Outputs)** – Describe what the volunteers do, in measurable terms to help meet the need. Show here the immediate outcomes or products of the service activities. Be specific!
4. **Anticipated Impacts (Intermediate Outcomes and End Outcomes)**– Describe the anticipated longer term or permanent change or improvement expected in the community due to services of the volunteers. This change should be measurable and directly related to the defined community need. Be specific!
5. **How Measured?** For **Anticipated Accomplishments (Outputs), and Anticipated Impact (Intermediate Outcomes and End Outcomes)**, briefly describe how you will measure results. Tools and methods could include surveys, checklists completed by volunteers, etc.

For additional assistance, please see the “Senior Corps Performance Measurement Toolkit” available at http://www.projectstar.org/star/SeniorCorps/sc_pmtoolkit.htm

- (c) **“Column B, Check if Performance Measure.”** Check the Accomplishments (Outputs) or Impacts (Intermediate Outcomes or End Outcomes) you propose to be used as Performance Measures for your Special Volunteer Program – Homeland Security.
- (d) **Complete Part 2, Column C** of each Work Plan by indicating the federal fiscal year quarters by which the task or result will be accomplished, such as “Year 1, Quarter 2” or “Year 2, Quarter 3”. Abbreviations may be used. (October-December is Quarter 1; January-March is Quarter 2, etc.). Multiple quarters are acceptable for on-going activities.
- **NOTE: Columns D and E** are used for actual project performance. At the end of the reporting period, you will complete each column as part of your Progress Report. For example, in Column D state the actual performance against the planned performance objective. Then cite in summary form how the result obtained was actually measured. In Column E, state the date by which the result was obtained.

PART V. INSTRUCTIONS FOR ATTACHMENTS (eGrants “Documents” Tab)

ATTACHMENTS REQUIRED OF ALL APPLICANTS

Description of Attachment	Applicants who must submit the attachment as part of the application	
	New (First time or new grant cycle)	Continuation (2 nd or 3 rd year of a 3 year cycle)
1. Applicant’s organizational chart showing the major components and the number, positions and reporting relationships of the proposed project staff within the sponsoring organization.	Yes	Only if changed
2. Project Director job description.	Yes	Only if changed
3. List of the sponsor’s current Board of Directors, including name, address, organizational or community affiliation.	Yes	Only if changed
4. Statement of audit status that indicates whether the applicant is subject to A-133 Audit requirements. If yes , provide the date of the last audit and the date forwarded to the Audit Clearinghouse.	Yes	Yes

ADDITIONAL ATTACHMENTS REQUIRED OF PRIVATE NON-PROFIT APPLICANTS

In addition to the Attachments listed above under Section IV.A, private non-profit applicants must also include the following:

Description of Attachment	Applicants who must submit the attachment as part of the application	
	New	Continuation
1. Copy of Articles of Incorporation	Yes	Only if changed
2. Certification by CPA or Public Accountant dated within the last 12 months that the applicant’s accounting system is capable of accurately accounting for and safeguarding federal funds.	Yes	Only if changed
3. Aggregate annual dollar amounts of funding broken out by federal, state, local governments and other (specify type)	Yes	Yes
4. List of the names of any funding organizations/sources that provide at least 10 percent of total funding and the dollar amount of that funding in the past budget year.	Yes	Yes

By signing the application, the sponsoring official of a continuation project certifies that any attachment not included has not changed from the prior submission on file with the Corporation for National Service.

PART I - FACESHEET

OMB No. 3045-0035 Expiration Date 3/31/05

APPLICATION FOR FEDERAL ASSISTANCE							1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction																																						
2. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):						3. a. DATE RECEIVED BY STATE:						3.b. STATE APPLICATION IDENTIFIER:																																	
						4. a. DATE RECEIVED BY CNCS:						4.b. CNCS GRANT NUMBER:																																	
5. APPLICANT INFORMATION																																													
LEGAL NAME: ORGANIZATIONAL UNIT: ADDRESS (give street address, city, county, state and zip code):									NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: TELEPHONE NUMBER: () - FAX NUMBER: () - INTERNET E-MAIL ADDRESS:																																				
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;">-</td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td> </tr> </table>												-												7.a. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="float: right;"><input type="checkbox"/></div> <table style="width: 100%;"> <tr> <td>A. State</td> <td>H. Independent School District</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Private Non-Profit Organization</td> </tr> <tr> <td colspan="2">O. Other (specify) _____</td> </tr> </table>						A. State	H. Independent School District	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Private Non-Profit Organization	O. Other (specify) _____	
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O. Other (specify) _____																																													
8. TYPE OF APPLICATION (Check appropriate box): <input type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award: <input type="checkbox"/> B. Decrease Award: <input type="checkbox"/> C. Increase Duration: <input type="checkbox"/> to _____ (enter date) D. Decrease Duration: <input type="checkbox"/> to _____ (enter date) E. OTHER (specify): <input type="checkbox"/> _____									7.b. CNCS APPLICANT CHARACTERISTICS Enter appropriate code in each blank: _____, _____, _____, _____, _____																																				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">2</td> </tr> </table> Name of Program __Special Volunteer Program_____									9	4	0	0	2	9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service																															
9	4	0	0	2																																									
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.):									11. a. TITLE OF APPLICANT'S PROJECT:																																				
									11.b. CNCS PROGRAM INITIATIVE (IF ANY)																																				
13. PROPOSED PROJECT: START DATE: END DATE:									14. PERFORMANCE PERIOD: Start Date End Date:																																				
15. ESTIMATED FUNDING: Check applicable box: Yr 1: <input type="checkbox"/> Yr.2: <input type="checkbox"/> or Yr 3: <input type="checkbox"/>									16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSS FOR REVIEW ON: DATE _____ b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																																				
a. FEDERAL				\$																																									
b. APPLICANT				\$																																									
c. STATE				\$																																									
d. LOCAL				\$																																									
e. OTHER				\$																																									
f. TOTAL				\$					17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input type="checkbox"/> NO																																				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																																													
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:								b. TITLE:				c. TELEPHONE NUMBER:																																	
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:								e. DATE SIGNED:																																					

PART II - BUDGET

Applicant Organization:			Budget Dates:			
SECTION 1: VOLUNTEER SUPPORT EXPENSES						
	Column 1	Column 2	Column 3	Column 4	Column 5	
A. PROJECT PERSONNEL EXPENSES Position Title	Annual Salary	% Time Spent on Project	Total Amount	CNCS Share	Grantee Share	
TOTAL PERSONNEL EXPENSES			\$	\$	\$	
B. PERSONNEL FRINGE BENEFITS						
C. PROJECT STAFF TRAVEL	Local Travel					
	Long Distance Travel					
D. EQUIPMENT						
E. SUPPLIES						
F. CONTRACTUAL SERVICES						
G. OTHER VOLUNTEER SUPPORT COSTS						
H. INDIRECT COSTS						
TOTAL VOLUNTEER SUPPORT EXPENSES			\$	\$	\$	
SECTION 2: VOLUNTEER EXPENSES						
			Column 3	Column 4	Column 5	
A. VOLUNTEER STIPENDS – N/A						
B. OTHER SERVICE- RELATED COSTS AND REIMBURSEMENT EXPENSES	Meals					
	Mileage Reimbursement					
	Insurance					
	Other Volunteer Travel					
	Other Allowable Expenses					
TOTAL VOLUNTEER EXPENSES			\$	\$	\$	
TOTAL PROJECT COSTS			\$	\$	\$	
FUNDING PERCENTAGES (percent distribution between Columns 4 and 5)						
VOLUNTEER PROJECTION						
A. Total Volunteers:			C. Volunteer Hours:			
B. Federal: Non-Federal:			D. Volunteer Placement Sites:			

WORK PLAN/PERFORMANCE MEASURES

Applicant Organization: _____			<input type="checkbox"/> Check this box, if this work plan contains performance measure(s).	
Period Covered: Starting: _____ Ending: _____			Applicable Service Category/Categories Total Number of Special Volunteer Program volunteers contributing to meeting the need: _____ Total Number of Volunteer Placement Sites: _____	
Part 1. Community Need to be Addressed:				
Part 2: Action Plan, Tasks and Timeline				
PROJECT PLANNING			PROJECT REPORTING	
Column A Plans, Tasks, and Activities	Column B Check if Performance Measure	Col. C Date	Column D Actual Performance	Col. E Date
Service Activity:			Actual Service Activity:	
Anticipated Inputs:			Actual Inputs:	
Anticipated Accomplishments:			Actual Accomplishments:	
How Measured?			How Measured?	
Anticipated Impact:			Actual Impact:	
How Measured?			How Measured?	

Note: Please reproduce or duplicate this template as needed to include all community needs.

ASSURANCES

As the duly authorized representative of the applicant, I certify, (to the best of my knowledge and belief) that the applicant:

1. Has the legal authority to apply for federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of project costs) to ensure proper planning, management, and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with all rules regarding prohibited activities, including those stated in applicable application guidelines, grant provisions, and program regulations, and will ensure that no assistance made available by the Corporation will be used to support any such prohibited activities.
6. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).
7. Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the National and Community Service Act of 1990 or the Domestic Volunteer Services Act, as amended, or the Domestic Volunteer Services Act, as amended; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of federal participation in purchases.
8. Will comply, as applicable, with the provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C 276a and 276a-7), the Copeland Act (40 U.S.C 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for Federally assisted construction sub-agreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires the recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved state management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C 1451 et seq.); (f) conformity of federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-l et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984, as amended, and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, application guidelines, and policies governing this program.

CERTIFICATIONS REGARDING (A) DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; (B) DRUG-FREE WORKPLACE REQUIREMENTS; AND (C) LOBBYING

A. Debarment, Suspension, and Other Responsibility Matters

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 34 CFR Part 85, Section 85.510, *Participants' responsibilities*.

- A. As the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that neither the applicant nor any of its principals:
- Is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.
 - Has, within a three-year period preceding this application, been convicted of, or had a civil judgment entered against them for commission of fraud or other criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
 - Is presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in the above paragraph of this certification, and
 - Has within a three-year period preceding this application, had one or more public transactions (Federal, State or local) terminated for cause or default;
- B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

B. Drug Free Workplace

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F. The regulations require certification by grantees, prior to award, that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the agency determines to award the grant. False certification or violation of the certification may be grounds for suspension of payments, suspension or termination of grants, or government-wide suspension or debarment (see 34 CFR Part 85, Section 85.615 and 85.620).

As the duly authorized representative of the grantee, I certify, to the best of my knowledge and belief, that the grantee will provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establish an ongoing drug-free awareness program to inform employees about—
 - (1) the dangers of drug abuse in the workplace,
 - (2) the grantee's policy of maintaining a drug-free workplace.
 - (3) any available drug counseling, rehabilitation, and employee assistance programs, and
 - (4) the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a)
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
 - (1) abide by the terms of the statement, and
 - (2) notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction.
- (e) Notifying us in writing within ten days after receiving notice under subparagraph (d) (2)) from an employee or otherwise receiving actual notice of such conviction;
- (f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d) (2), with respect to any employee who is so convicted—
 - (1) Taking appropriate personnel action against such an employee, up to and including termination...; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f)

C. Certification – Lobbying Activities

- (a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, renewal, amendment or modification of any federal grant, or cooperative agreement;
- (b) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all tiers (including subawards, subgrants, contracts under grants and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

ASSURANCES SIGNATURE:

NOTE: Sign this form and include in the application.

SIGNATURE:

By signing this assurances page, you certify that you agree to perform all actions and support all intentions in the Assurances section.

Organization Name:

Program Name:

Name and Title of Authorized Representative:

Signature:

Date:

CERTIFICATIONS SIGNATURE:

NOTE: Sign this form and include in the application.

Before you start: Before completing certification, please read the Certification Instructions.

SIGNATURE:

By signing this Certifications page, you certify that you agree to perform all actions and support all intentions in the Certification sections of this application. The three Certifications are:

- ☐ **Certification: Debarment, Suspension and Other Responsibility Matters**
- ☐ **Certification: Drug-Free Workplace**
- ☐ **Certification: Lobbying Activities**

Organization Name:

Program Name:

Name and Title of Authorized Representative:

Signature:

Date:

CNCS SERVICE CATEGORIES BY ISSUE AREA –
 Service Categories are for use with Part IV, Work Plan

DISASTER

Disaster Preparedness
 Disaster Mitigation
 Disaster Response
 Disaster Recovery
 Other Disaster

HOMELAND SECURITY

Public Health
 Public Safety
 Disaster Preparedness and Relief

EDUCATION

Adult Education and Literacy
 Afterschool Programs
 America Reads
 Computer Literacy
 Cultural Heritage
 Elementary Education
 ESL
 GED/Dropouts
 Head Start, School Preparedness
 Job Preparedness, School to Work
 Library Services
 Pre-Elementary Day Care
 Secondary Education
 Service Learning
 Special Education
 Tutoring and Child (Elementary)
 Literacy
 Tutoring and Child (High Sch.)
 Literacy
 Tutoring and Child (Middle Sch.)
 Literacy
 Vocational Education
 Youth Leadership Development
 Other Education

ENVIRONMENT

Clean Air
 Clean and Safe Waters
 Community/Neighborhood
 Restoration/Clean-up
 Energy Conservation
 Environmental Awareness
 Indoor Environment
 Toxic Waste Management
 Waste Reduction, Management, and
 Recycling

ENVIRONMENT (CONT'D.)

Wildlife, Land, & Vegetation
 Protection or Restoration
 Other Environment

HUMAN NEEDS/Community & Economic Development

Community
 Revitalization/Improvement
 Community-Based Volunteer
 Programs
 Consumer Education
 Cooperatives/Credit Unions
 Food Production/Community
 Gardens/Farming
 Job Development/Placement
 Management Consulting
 Microenterprise
 Regional/State/City Planning
 Small and Minority Business
 Development
 Social Services Planning & Delivery
 Systems/Community Organizations
 Tax Consulting/Counseling
 Technology Access
 Thrift Store
 Transportation Services
 Welfare to Work
 Other Community and Economic
 Development

HUMAN NEEDS/Health/Nutrition

Boarder Babies
 CHIPS, SCHIPS
 Congregate Meals
 Delivery of Health Services
 Food Distribution/Collection
 Health Education
 Health Screening
 HIV/AIDS
 Hospice/Terminally Ill
 Immunization
 In-Home Care
 Maternal/Child Health Services
 Mental Health
 Mental Retardation
 Physical Disabilities Programs
 Substance Abuse
 Other Health/Nutrition

HUMAN NEEDS/Housing

Home Management
 Support/Education
 Homeless
 Housing Referrals/Relocation/Other
 Housing Related Services
 Housing Rehabilitation/Construction
 Independent Living - Disabled
 Independent Living - Seniors
 Tenant Organizing
 Transitional Housing
 Other Housing

HUMAN NEEDS/Other

Adoption
 Adult Day Care
 Companionship/Outreach
 Crisis Intervention
 Mentoring
 Respite
 Senior Center Programs (Non-
 Residential)
 Senior Citizens Assistance
 Teen Pregnancy/Parent Support
 Education
 Other Human Needs

PUBLIC SAFETY

Adult Offender/Ex-offender Services
 & Rehabilitation
 Child Abuse/Neglect
 Children and Youth Safety Programs
 Community Policing/Community
 Patrol
 Conflict Resolution/Mediation
 Crime Awareness/Crime Avoidance
 Elder Abuse/Neglect
 Family Violence
 Improvement of Household Security
 Juvenile Justice, Delinquency/Gangs
 Legal Assistance
 Neighborhood Watch/Block Watch
 Safe Havens
 Safety/Fire Prevention/Accident
 Prevention
 Sexual Abuse/Rape
 Victim/Witness Assistance
 Other Public Safety

